## Individual Rehabilitation Supports Progress Summary Note INSTRUCTIONS FOR COMPLETION

## **Progress Summary Note (Daily):**

Month	Year	_:	Print month	and	year o	of service	€.
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Name: Print the individual's name.

Social Security number: Print the individual's social security number.

**Goal:** This refers to the nine goal areas on the Treatment Plan. The goal identified from the individual's Treatment Plan should be documented here. If there is more than one goal identified on the Treatment Plan, an additional Progress Summary Note page should be completed. Simply fill in the page numbers at the bottom of the page accordingly.

**Objective:** This refers to the objectives written on the individual's Treatment Plan in relation to the identified Goal Areas. The objective related to the Goal Area should be rewritten verbatim in this section. If there is more than one objective, an additional Progress Summary Note page should be used and pages numbered accordingly. The last page of the Progress Summary Note will be used to summarize all goals and objectives.

**Methods of Intervention:** This refers to the activities written on the individual's Treatment Plan that will assist the individual in accomplishing the objectives. Ex. Journal, pill box, library visits, etc.

**Key:** This section identifies the basic symbols to be used in the documentation table below. Whenever the need arises, additional information can be documented in progress notes. Documentation of a narrative note should be specified accordingly. Ex: See note dated \_\_/\_/\_.

Location: Indicate where the training took place.

"H" Home – Training took place in the home.

**"C" Community** – Training took place in the community. (Indicate where in the community, ex. Library, Drop-In Center, grocery store, etc.)

Progress: Evaluation of progress toward objective(s)

"+" Progress/Skills were retained.

"-"Regression occurred after a skill had been previously achieved.

"E" Exceptions, individual did not receive service; explanation will be given at bottom of page.

**Date of Implementation:** This is the Services Begin Date identified on the Individual's Treatment Plan. This date may remain the same for several months until the objective is met or the Lead Clinical Staff (LCS) completes an amendment to the Treatment Plan. When an amendment is completed, a new page should be started with the correct implementation date.

## **Documentation Table:**

Day/Date: Fill in the calendar dates. Ex. M/1st, T/2nd, W/3rd

**Location:** Use the Key above the Table to indicate "H" or "C". If "C", print where the training took place. **Time:** Indicate the actual time at the beginning of training and the end of training. Ex. 11:00 am – 12:00 pm.

**Progress:** Use the objectives information and Key above the table to indicate progress toward objective.

**Initials:** Provider of the service for that session should sign his/her initials.

**Exceptions "E" to Performance:** The dates that have been identified in the table with an "E", should be explained here, ex. Illness, hospitalization, the individual was not at home upon arrival of trainer, etc. Also identify attempts to reschedule training. Any circumstances related to the individual's participation or performance should be documented here. Additional documentation can be completed in progress notes.

**Signatures:** The trainer(s) should sign the documentation sheet at the end of the month and submit it to Lead Clinical Staff for review and signature.

## **Progress Summary Note (Monthly Summary):**

**Name**: Print the identical Name that was used on the first page(s).

Health/Community Status: Mark at least one item in each category

**Summary:** The LCS should meet with the trainer after reviewing the Progress Summary Note (Daily) sheet(s). The trainer and LCS should staff the individual's case. After staffing the case, the LCS should assist the trainer in writing the summary in measurable terms and addressing each goal and objective specifically, as well as progress or lack of progress made and interventions used.

**Signatures:** The trainer and the Lead Clinical Staff should sign at the bottom of the page and the date should reflect the date the summary note is reviewed and documented.